

NEW YORK STATE DEPARTMENT OF HEALTH
PUBLIC GOODS POOLS

PROVIDER PAYMENT SUMMARY

REPORT OF PATIENT SERVICES REVENUE RECEIVED AND SURCHARGE OBLIGATIONS

Report Month _____ , _____

Provider Name _____ Operating Certificate # _____

- | | | |
|-----|---|-------|
| 1. | Net 1997 Surcharges Payable for the Month | _____ |
| 2. | Net 1998 Surcharges Payable for the Month | _____ |
| 3. | Net 1999 Surcharges Payable for the Month | _____ |
| 4. | Net 2000 Surcharges Payable for the Month | _____ |
| 5. | Net 2001 Surcharges Payable for the Month | _____ |
| 6. | Net 2002 Surcharges Payable for the Month | _____ |
| 7. | Net 2003 Surcharges Payable for the Month
<i>(For Services Provided January 1, 2003 through June 30, 2003)</i> | _____ |
| 8. | Net 2003 Surcharges Payable for the Month
<i>(For Services Provided July 1, 2003 through December 31, 2003)</i> | _____ |
| 9. | Net 2004 Surcharges Payable for the Month | _____ |
| 10. | Total Surcharges Payable for the Month
(Sum Above Lines) | _____ |

MONTHLY PAYMENT CHECK FOR THE AMOUNT REFLECTED ON LINE 10 ABOVE SHOULD BE MADE PAYABLE TO THE "PUBLIC GOODS POOL" AND MAILED ALONG WITH THE APPLICABLE REPORTING FORMS TO:

Regular Mail to:

Mr. Jerome Alaimo, Pool Administrator
Office of Pool Administration
Excellus BlueCross BlueShield
Central New York Region
P.O. Box 4757
Syracuse, New York 13221-4757

- or -

Express or Overnight Mail to:

Mr. Jerome Alaimo, Pool Administrator
Office of Pool Administration
Excellus BlueCross BlueShield
Central New York Region
344 South Warren Street
Syracuse, New York 13202-2008

Please enter the facility's Operating Certificate # on the face of the check and reporting forms.

IMPORTANT NOTE: Report forms that are faxed to the Office of Pool Administration are not acceptable.